



Celebrating Personal Plates Toolkit Facilitator Guide



THE NEED

Dietary recommendations shape nutrition policy, programs, and education nationwide. Current guidance recommends customizing and enjoying food and beverage choices to reflect personal preferences, cultural traditions, and budgetary considerations.¹ Yet, despite extensive efforts, dietary recommendations are often seen as “one size fits all.”

Nutrition and health professionals can play a vital role in helping individuals build healthier dietary patterns

- tailored to their age, gender, physical activity level, cultural background, and personal food preferences
- by using food groups as a flexible foundation.

Many traditional foodways already include nutrient-dense ingredients. Culturally familiar dishes can be made healthier while preserving their authentic flavor with:

- ◆ Mindful preparation methods
- ◆ Greater inclusion of underconsumed food groups
- ◆ Strategies to limit saturated fat, added sugars, and sodium

Herbs and spices can help do the heavy lifting—enhancing the taste and nutrition of recipes in delicious ways.

This Toolkit was developed by a group of stakeholders - California Walnut Commission, McCormick Science Institute, National Pork Board, NASDA Foundation, and Potatoes USA - and facilitated by Nutrition In Demand, using a three-step approach:



Mine Data & Information



Inform with Knowledge & Insights



Perform Testing & Implement



THE APPROACH



Data & information served as the foundation for identifying target populations

Formative discussions with nutrition educators and program leaders revealed food assistance programs' priority languages for material translation, based on participants' countries of origin. These insights were used to guide toolkit development and were further validated using population demographics and prevalence data for diet-related chronic diseases. For example:

- ◆ Among most commonly reported ancestries in the US are African American (25 million) and Polish (9 million).² The most frequent birthplaces of naturalized US citizens include India (6.1%), the Philippines (5.0%), and Vietnam (4.1%). Together, with Mexico (13.1%), these countries comprised one-third of the naturalized citizens in fiscal year 2024.³
- ◆ Between 2010 and 2022, the fastest-growing subgroups of the US population were Asian (34% increase) and Hispanic (26% increase). Individuals from the Caribbean (e.g., Haitian) also represent a growing share of the population.⁴
- ◆ Heart disease mortality is highest among Black individuals (23%), followed by Asian American (19%) and Native Hawaiian or Other Pacific Islander individuals (18%).⁵
- ◆ Diabetes prevalence is highest among American Indian or Alaska Native individuals (16%), followed by Black (13%), Native Hawaiian or Other Pacific Islander (12%), Hispanic (10%), and Asian American (9%) populations.⁶

It's important to remember that each group includes many subgroups with different experiences. Even if people share a cultural background, they can have unique beliefs, habits, and needs. Health professionals should avoid making assumptions and instead personalize their approach to each individual to improve health outcomes.

Additionally, the team focused on cuisines that were not heavily emphasized in a previously created [toolkit](#) featuring the most prevalent Hispanic foodways in the US to avoid redundancy.

Based on all the factors, the supporting Partners focused on the following regions and cultures for meal ideas in a menu plan and recipe makeovers: Hispanic (Columbia, Cuba), Asian and Pacific Islander (China, Philippines, Japan, Korea, Vietnam, Thailand, India, Hawaii), Eastern European (Poland, Hungary, Ukraine, Russia), Middle Eastern (Lebanon, Jordan, Syria, Saudi Arabia, Yemen), and African and Caribbean Nigeria, Haiti).





Knowledge & insights were gleaned by teaming with a multi-disciplinary group of subject matter experts

The team included dietitians and chefs specializing in the targeted cuisines, as well as experts in health literacy, consumer research, and sensory testing. The following process was followed:

1. Partner with at least one subject matter expert (SME) for each cuisine;
2. SMEs identified authentic recipes and staple foods;
3. SMEs modified recipes to be healthier by decreasing nutrients to limit (i.e., saturated fat, sodium, and added sugars) and using spices and herbs to retain and enhance flavor; and
4. Cost out original and modified recipes to ensure that the modified version is either cost-neutral or more economical.



Testing & implementation complete the evidence-based approach

Recipes were tested for taste, authenticity, and price on a larger scale. This process entailed:

1. Beta testing authenticity of modified recipes with SMEs;
2. Conducting home-use testing with diverse individuals who enjoy and cook the selected dishes;
3. Leveraging SMEs to create Toolkit resources (tip sheet, recipe cards, 5-day menu plan, facilitator guide);
4. Designing Toolkit resources to be digitally accessible (e.g., 508 compliant) to those with disabilities; and
5. Working with Partners to promote the resources far and wide.

THE USE

Eating is personal and nutrition education is best personalized. People come from different backgrounds, and their food choices are influenced by their heritage, environment, traditions, and personal experiences. The Celebrating Personal Plates Toolkit is intended to help health professionals and educators work with patients and clients in a way that embraces the various cuisines enjoyed in the US while addressing individual needs. This Toolkit is here to help you meet people where they are, make nutrition advice relevant, and build trust with the communities you serve.

Instead of this...

Building rapport without adapting your communication style

Try this...

◆ **Pay attention to communication styles.** Learn your own communication habits, verbal and nonverbal, and observe how your client communicates. Whether they're direct or indirect, take time to listen, stay flexible, and shift your approach as needed.

Why it works

◆ People engage more when they feel understood and respected.⁷ Being patient and open to different communication styles builds trust and allows for better conversations about health.

Building rapport without adapting your communication style

◆ **Use the Toolkit as a flexible guide.** Work with clients to see how the diverse meals they naturally enjoy fit into their lifestyle rather than forcing them into a new framework.

◆ Many cuisines are served differently⁸—like one-pot dishes or shared plates. Helping people see how their foods fit into healthy eating builds confidence rather than resistance.

Suggesting ingredient swaps that ignore heritage

◆ **Respect the role of traditional ingredients.** Collaborate with clients to find alternatives that make sense within dishes, rather than offering random swaps.

◆ Food is identity. Dismissing key ingredients can feel like an attack.⁹ Thoughtful adjustments show respect and build trust.

Assuming everyone understands portion sizes in cups and teaspoons

◆ **Use real-life references.** Explain portion sizes using everyday objects, like hands, plates, or bowls. You can also ask clients to bring their own plates or serving utensils to make it feel more real and personal.

◆ Many people don't use measuring tools daily. Practical examples make portion guidance more relatable.¹⁰

Setting health goals based on generalized "healthy eating" rules

◆ **Make health goals personal.** Recognize that "healthy eating" can look different for everyone. Help clients set goals that align with their priorities, values, food access, etc.

◆ People are more likely to stick to health goals when they feel heard, and their background is respected. A personalized, relevant approach makes healthy eating feel sustainable.



Effective communication is a personalized and ongoing process. It's important to treat every patient or client as unique, be curious, and learn about each individual's needs. By staying open and listening, you can provide the best care that respects the person while promoting healthier eating habits.



REFERENCES

1. U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025. 9th Edition. December 2020. Available at DietaryGuidelines.gov.
2. U.S. Census Bureau. "Ancestry". 2004. Available at: <https://www2.census.gov/about/training-workshops/resources/flyers/ancestry-flyer.pdf>.
3. U.S. Citizenship and Immigration Services. "Naturalization Statistics". Updated January 24, 2025. Available at: <https://www.uscis.gov/citizenship-resource-center/naturalization-statistics>. Accessed April 28, 2025.
4. Pew Research Center. "Facts about U.S. Latinos for National Hispanic Heritage Month". Published September 16, 2014. Updated September 22, 2023. Available at: <https://www.pewresearch.org/short-reads/2023/09/22/key-facts-about-us-latinos-for-national-hispanic-heritage-month>. Accessed December 7, 2023.
5. Centers for Disease Control. "Heart Disease Facts". Published October 24, 2024. Available at: <https://www.cdc.gov/heart-disease/data-research/facts-stats/index.html>. Accessed April 28, 2025.
6. Centers for Disease Control. "National Diabetes Statistics Report". Published May 15, 2024. Available at: <https://www.cdc.gov/diabetes/php/data-research/index.html>. Accessed April 28, 2025.
7. Mayfield B. (Ed.). *Communicating Nutrition: The Authoritative Guide*. Academy of Nutrition and Dietetics. 2020.
8. Wahlstedt A. and Burt K.G. Developing cultural humility: an inclusive approach to care for persons with diabetes. *On the Cutting Edge*. 2021;41(4):32-37.6
9. Diabetes Dietetic Practice Group. *Culture, Foodways and Counseling: A Guide to Culturally Sensitive Nutrition Care in the United States*. Edited by K. Briggs Early, K. Mason, S. Robinson, and R. Duyff, 2nd ed., Academy of Nutrition and Dietetics, 2025.
10. Institute of Medicine (US) Committee on Health Literacy, Nielsen-Bohman L, Panzer AM, Kindig DA, eds. Chapter 4: Culture and Society. In: *Health Literacy: A Prescription to End Confusion*. National Academies Press; 2004. Available at: www.ncbi.nlm.nih.gov/books/NBK216037/.